

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90065 010 ***150.00

DOCUMENT # P94000053135

1. Entity Name

TELECAST OF FLORIDA, INC.

Principal Place of Business	Mailing Address
225 CITY LINE AVE STE 200 BALA CYNWYD PA 19004	225 CITY LINE AVE STE 200 BALA CYNWYD PA 19004

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

76-0463923

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> Delete
NAME	PAGON, MARSHALL W	
STREET ADDRESS	225 CITY LINE AVE STE 200	
CITY - ST - ZIP	BALA CYNWYD PA 19004	

TITLE	SVCF	<input checked="" type="checkbox"/> Delete
NAME	VERDECCHIO ROBERT N	
STREET ADDRESS	225 CITY LINE AVE STE 200	
CITY - ST - ZIP	BALA CYNWYD PA 19004	

TITLE	SVP	<input type="checkbox"/> Delete
NAME	LODGE, TED S	
STREET ADDRESS	225 CITY LINE AVE STE 200	
CITY - ST - ZIP	BALA CYNWYD PA 19004	

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	TANKSLEY, ALFRED	
STREET ADDRESS	225 CITY LINE AVE STE 200	
CITY - ST - ZIP	BALA CYNWYD PA 19004	

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HOBAN, GILBERT J	
STREET ADDRESS	225 CITY LINE AVE STE 200	
CITY - ST - ZIP	BALA CYNWYD PA 19004	

TITLE	V	<input type="checkbox"/> Delete
NAME	VERLIN, HOWARD E	
STREET ADDRESS	225 CITY LINE AVE STE 200	
CITY - ST - ZIP	BALA CYNWYD PA 19004	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, KASIN	
STREET ADDRESS	225 CITY LINE AVE STE 200	
CITY - ST - ZIP	BALA CYNWYD PA 19004	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #